



Office of Training and Certification

# New Jersey Division of Fire Safety

## BASIC PRACTICAL SKILLS EXAMINATION REPORT

Skill sheet #

**HMT-44**

Certification title

**Hazardous Material Technician**

### Applicant Information

Candidate name

DFS ID #

Course #

### Evaluation

**Standard:**  
NFPA 470, 2022 edition  
11.4.3.2

**Task**  
**Apply a sleeve, jacket, clamp, or wrap to a leak.**

**Conditions and Outcome**  
Provided with the appropriate type of PPE, proper tools and equipment, and necessary resources, the candidate shall demonstrate the correct method for controlling a leak by applying a sleeve, jacket, clamp or wrap. Competency is demonstrated by completing each of the following steps and in the correct order.

Number	Task Steps	First Test		Retest #1		Retest #2	
		Pass	Fail	Pass	Fail	Pass	Fail
<b>1</b>	Ensure proper product control techniques is chosen.						
<b>2</b>	Ensure that all responders involved in the control function are wearing appropriate PPE for applying a sleeve, jacket, clamp, or wrap to a leak and that appropriate hand tools have been selected.						
<b>3</b>	Select a location to efficiently and safely apply a sleeve, jacket, clamp or wrap to a leak.						
<b>4</b>	Avoid direct contact with the hazardous material to the extent possible.						
<b>5</b>	Determine the location of the leak.						
<b>6</b>	Attempt to position container so that the location of the leak is in the uppermost position.						
<b>7</b>	Apply the sleeve, jacket , clamp or other wrap to control the leak.						
<b>8</b>	Decontaminate tools.						
<b>9</b>	Advance to decontamination line for decontamination.						
<b>10</b>	Inspect and maintain tools and equipment as per local SOPs and manufacturers recommendations.						
<b>11</b>	Complete required reports and supporting documentation.						
<b>Final Test Result for Entire Task</b>							

Evaluator signature & comments, Test #1		Evaluator signature & comments, Retest #1		Evaluator signature & comments, Retest #2	
Evaluator signature	Date	Evaluator signature	Date	Evaluator signature	Date
<b>Candidate signature &amp; acknowledgement, Test #1</b>		<b>Candidate signature &amp; acknowledgement, Retest #1</b>		<b>Candidate signature &amp; acknowledgement, Retest #1</b>	
By my signature below I acknowledge I have read and understood the evaluation results and		By my signature below I acknowledge I have read and understood the evaluation results and		By my signature below I acknowledge I have read and understood the evaluation results and	

evaluator comments		evaluator comments		evaluator comments	
Candidate signature	Date	Candidate signature	Date	Candidate signature	Date

Form DFS-HMT-SS-44

Approved by NJSME Committee 02/27/19

Revised by NJSME Committee 01/06/2023